

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SUSAN ADELE WILLIAMS  
924 Denver Place  
Oxnard, CA 93033

Registered Nurse License No. 262370

Respondent.

Case No. 2006-108

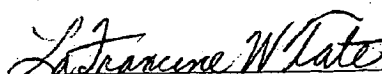
OAH No. L2007040490

**DECISION AFTER NON-ADOPTION**

The attached Decision After Non-Adoption is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on August 6, 2008.

IT IS SO ORDERED this 7<sup>th</sup> day of July 2008.



President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

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_____	)	

DECISION AFTER NON-ADOPT

This matter was heard by Julie Cabos-Owen, Administrative Law Judge with the Office of Administrative Hearings, on September 6 and 7, 2007, in Ventura, California. Complainant was represented by Kimberlee D. King, Deputy Attorney General. Susan Adele Williams, a.k.a. Susan Adele Steele and Susan Adele Taylor (Respondent), was present throughout the hearing and represented herself. Oral and documentary evidence was received and argument was heard. The record was closed, and the matter was submitted for decision on September 7, 2007. The Administrative Law Judge issued his proposed decision on October 9, 2008. After due consideration, the Board issued an order not adopting that proposed decision on December 4, 2007. The Board ordered the transcript pursuant to Government Code section 11517(c)(2)(E), which was received on April 1, 2008, and invited briefing from the parties on the issue of whether the penalty should be increased.

Complainant filed a brief in this matter, but Respondent did not. The time for briefing having expired, the Board considered this matter on June 12, 2008. The entire record, including the transcript of the hearing, having been read and considered, pursuant to Government Code section 11517(c)(2)(E), the Board hereby makes the following decision and order:

FACTUAL FINDINGS

1. On August 31, 2006, Complainant Ruth Ann Terry, M.P.H., R.N., filed the Accusation while acting in her official capacity as the Executive Officer of the Board of Registered Nursing (Board), Department of Consumer Affairs, State of California.

2. On January 31, 1976, the Board issued Registered Nurse License Number

262370 to Respondent, then known as Susan Adele Steele. The Registered Nurse license will expire September 30, 2009, unless renewed.

3. From 2000 to 2001, Respondent was employed as a registered nurse (RN) at the Ventura Youth Correctional Facility (VYCF). Between January and November 2000, Respondent took over 22 sick days, the equivalent of one work month. Eleven of those days coincided with a regular day off, and ten of the days were on a weekend.

4. On November 8, 2000, Respondent was notified in writing by Murielle O'Brien, R.N. (O'Brien), Respondent's supervisor at VYCF, that Respondent had abuse VYCF's sick leave policy and that she was being placed on Sick Leave Abuse Status for the next six months. O'Brien's November 8, 2000 notification informed Respondent that she would be required to present verification from a doctor any time she returned from sick leave.

5. On April 30, 2001, Respondent submitted a note to VYCF which purported to be written by Ramsey Ulrich, M.D., from the West Ventura Medical Clinic (WVMC). The note stated:

Susan was seen today for follow-up. She may return to work without restrictions. We will be starting Chemotherapy in 2 weeks. Her Serum K is WNL [within normal limits] and holding.

6. On May 24, 2001, Respondent submitted a note to VYCF which purported to be written by Michelle Cunneen, M.D., from WVMC. The note stated:

Ms. Williams-Taylor may return to work today without any restrictions. Her lungs are basically clear with out a slight wheeze and all labwork is WNL. Her chemotherapy was done on Tuesday of this week without any side effects.

7. On June 11, 2001, Respondent submitted a note to VYCF which purported to be written by Dr. Ulrich from WVMC. The note stated:

Susan was seen today in regarding [sic] to admission on 5/28 and discharge on 5/31. On admission she present [sic] classic signs and symptoms of a tension pneumothorax, [sic] A chest tube was inserted and the problem resolved.

I have her on numerous medications and 4 inhalers. I have decided to hold her chemotherapy for awhile [sic] to let her body regrooup [sic] and get stronger. Her breath sound [sic] are clear and there is no wheezing. As far as I am concerned she may return to work with no restriction on 6-12/01.

8. On June 20, 2001, Dr. Ulrich sent a note via facsimile to Audree Robinson (Robinson), the Return to Work Coordinator for VYCF, in response to Robinson's

inquiry about the authenticity of the June 11, 2001 note described in Factual Finding 7. Dr. Ulrich's June 20, 2001 note stated that he had last seen Respondent on February 27, 2001. He also noted that the letterhead used on the June 11, 2001 note was not WVMC's letterhead.

9. The letterhead used on the June 11, 2001, note was identical to the letterhead used by Respondent on the other return to work notes described in Factual Findings 5 and 6.

10. The notes described in Factual Findings 5, 6 and 7 contained language that would not likely be used by a person without a medical background.

11. The April 30, May 24 and June 11, 2001, notes described in Factual Findings 5, 6 and 7 were fraudulent and forged by Respondent.<sup>1</sup>

12. On October 1, 2001, Respondent personally called the VYCF nursing station and stated that her father had passed away the prior evening. On October 4, 2001, Respondent personally called VYCF and stated that her mother had passed away that day. She did not return to work until October 22, 2001, at which time she requested bereavement leave.

13. In support of her request for bereavement leave, Respondent submitted a note, dated October 19, 2001, purportedly signed by attorney John Vaca (Vaca), stating:

I am writing this letter [sic] to verify the death of Leo A. Smith on September 30, 2001 and Roberta Smith on October 4, 2001. I handled the reading of the wills to Susan A. Taylor and Kathy Krzysiak. Susan is the executor for both parents.

The Smith's [sic] had very specific ideas on how their burials would be handled and made their wishes known in the wills[.]

14. A subsequent investigation by Robinson revealed that Respondent's parents had not died, since Robinson was able to contact and speak to both of Respondent's parents via telephone.

15. Robinson's investigation into the letter described in Factual Finding 12 revealed that neither the letterhead nor the signature was Vaca's and that he had never conducted the business stated in the letter.

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<sup>1</sup> Complainant submitted three additional forged notes as evidence of further fraud by Respondent. However, those notes were not alleged in the Accusation as bases for discipline. Consequently, those notes will not be considered in this decision as part of the bases for discipline.

16. The October 19, 2001, letter described in Factual Finding 12 was fraudulent and forged by Respondent.

17. On July 16, 2001, O'Brien and Susan Clay, M.D., filed a complaint with the Board against Respondent, noting concerns regarding "ethical, mental & physical abilities," including:

1. Alleging non-existent medical problems, including Hyokalimia, Hepatic Carcinoma, Chemotherapy and Tension Pneumothorax.
2. Physical appearance deteriorating over a period of five months, with weight loss, gait disturbance and tremors.
3. Requesting work-schedule accommodation based on factitious [sic] medical diagnosis.
4. Considerable job performance deterioration.
5. Six documented factitious [sic] physician's Return to Work statements.
6. Two attempts at Employee Assistance Program rejected.

18. On February 6, 2002, Respondent resigned from her position at VYCF. VYCF determined that the resignation was "under unfavorable circumstances," given VYCF's pending investigation into allegations that Respondent was dishonest and had falsified documents.

19. In April of 2006, pursuant to the Board's Order Compelling a Psychiatric Examination, Respondent submitted to a psychological evaluation by Isadore Wendel, Ph.D.

20. Dr. Wendel administered several tests to Respondent, including the Wechsler Adult Intelligence Scale-III, Wechsler Memory Scales-III, Bender-Gestalt-II, Minnesota Multiphasic Personality Inventory and the Millon Clinical Multiaxial Inventory-III (Millon- III).

21. During the examination, Respondent provided the following history to Dr. Wendel:

Ms. Williams admits to a history of alcohol dependence. She blames her problems in her last period at the Youth Authority on excessive drinking. . . . She also stated that she should not work in a hospital setting unless she received further training to update her skills. [I]n her impaired state, Ms. Williams became dependent on her son. . . . When [Dr. Wendel] brought up some of the various

absence excuses and reasons for absence which Ms. Williams presented at the time, she stated that her son had handled these matters. To the extent that anything was false or forged, he had taken it upon himself, without consulting her or getting her consent, to falsify and forge.

Ms. Williams reports that when she felt not fully competent, she would not want to place herself at work. Her son would give her an envelope containing an excuse. She would not read it. She was impaired, and did not really know what he was doing. These excuses were evidently the outlandish ones under consideration. She did not admit to taking amore direct role in these matters.

[¶] . . . [¶]

Ms. Williams insists that she never went to work drunk, or drank outside her home. She claims that she always did her job and that drug counts were always right. . . . In her mind, the major problem was that she would drink, become impaired, and could not go to work. . . . He [sic] son would “help” her with what she now understands was a forged note. For example, Ms. Williams states that she did not know that her son had claimed, for her, that her parents had died in succession . . . . In fact, she points out, her parents are alive. She lives with them.

Ms. Williams states that she has kicked out her son. As above, she claims not to have had contact with her son in two years. She states that she has not had a drink since March 31, 2002. She stopped drinking when she started Alcoholics Anonymous.

[¶] . . . [¶]

Ms. Williams feels that she can no longer work in a full blown hospital setting without further training. She feels that her skill level has stalled after working at CYA for so long.

22. Following the evaluation, Dr. Wendel issued a written report in which he diagnosed Respondent as follows:

Axis I:<sup>2</sup> History of Alcohol Dependence. By report in full remission

Axis II:R/O Obsessive Compulsive Personality Disorder with Narcissistic

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<sup>2</sup> The diagnoses were derived from the Diagnostic and Statistical Manual of Mental Disorders (4th edition, Text Revision 2000) (DSM-IV-TR), published by the American Psychiatric Association. The Administrative Law Judge took official notice of the DSM-IV-TR as a highly respected and generally accepted tool for diagnosing mental and developmental disorders.

## Personality Features and Histrionic Personality Features

Axis III: Reported, Electrolyte imbalance, hypertension, COPD<sup>3</sup>

Axis IV: Stress of being investigated with threat to loss of livelihood. Familial problems.

23. In his report, Dr. Wendel made the following findings:

Ms. Williams is functioning well cognitively, with good crystallized and fluid intelligence as well as with good memory. She has good formal insight into societal norms and into the expectations placed upon her as a nurse.

Ms. Williams claims to be functioning well professional in her current job involving claims review. She also asserts that she is getting along well with the people at work. She is not, however, working with patients at the present time, and appears to be reluctant to do so, at least without further training. ...

[¶] ... [¶]

Ms. Williams' mental status presents no particular problems. She is cognitively intact. **She appears to have no Axis I disorder.** [Emphasis added.] She reports that she has friends, and that she lives with her parents and gets along well with them. ...

Ms. Williams admits to a history of alcohol dependence, ... during a discrete period only. She reports that it is difficult for her to resist drinking, but that she has been abstinent since 3-31-02. ...

Most likely, Ms. Williams is controlling her propensity to drink through a combination of will power and reported participation in Alcoholics Anonymous.

[¶] ... [¶]

This examiner realizes that it is difficult to accept that Ms. Williams had no knowledge of the falsifications [in Factual Findings 5, 6, 7 and 10] for which she blames her son. At the same time, she seems to have been considerably debilitated during that period, and may have been too "tuned out" to notice, remember or care. Also, based on the Millon-III results it is very important for her to present a desirable, approved, picture, and very humiliating for her when she cannot. A form of selective memory regarding many of the details of that

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<sup>3</sup> Chronic obstructive pulmonary disease.

period may be in play now.

[¶] . . . [¶]

[Respondent] is no longer in contact, she reports, with the son whom she blames for fabricating excuses in her name. She reportedly participates in Alcoholics Anonymous. She expresses the opinion that she should not work in a hospital setting unless she receives further training to update her skills.

24. In his report, Dr. Wendel concluded:

Based on her reported history, mental status considerations, and the various test results obtained today, this examiner believes that Ms. Williams is able to be a safe practitioner as long as she maintains her sobriety and works within the limits of her experience and training.

Ms. Williams is likely to perform well as long as she maintains sobriety. This examiner does not think that there is an ongoing fundamental, acute problem or long-standing personality impairment which rules out safe and competent practice, within the limits of her training and experience, as long as Ms. Williams remains sober. Psychotherapy should be voluntary for Ms. Williams, though she might nevertheless benefit from therapy ...

[S]ince maintaining sobriety is the key to Ms. Williams' ability to function well professionally, continued participation in [Alcoholics Anonymous] should be insisted upon. Documentation of such participation might be appropriate. Drug/Alcohol testing should be considered, particularly if Ms. Williams is to work directly with patients. If she is to work with patients, evidence of appropriate, current skill levels should be insisted upon. Additionally, if she is to work with patient, a period of monitoring/mentoring could be appropriate as a cautionary measure. However, she will likely perform well at this point in any position for which she is adequately prepared, as long as she remains sober.

[¶] . . . [¶]

This examiner believes that it is likely that Ms. Williams will be able to practice safely with no restrictions, once probation is concluded, so long as she remains cognitively intact and sober.

25. At the administrative hearing, Dr. Wendel agreed that his only firm diagnosis was a history of alcohol dependence, which was in remission.

26. During his testimony, Dr. Wendel admitted that many of his opinions were based on Respondent's representations that her son was solely responsible for the



falsification of documents, which Dr. Wendell took as the truth. However, when asked to assume that Respondent personally fabricated the claims of her parents' deaths and personally falsified documents supplied to her employer, he was unable to change any of his prior opinions. Dr. Wendel stated that the new factual scenario made him question whether Respondent was lying or was having difficulty differentiating fantasy from reality. He further stated that it made him "wonder whether he missed something" in his evaluation, such as a psychosis or delusional disorder or tendency for facile lying. Nevertheless, based solely on the factual scenario posed, he could not determine whether she was lying or delusional, and nothing from their session or testing suggested the answer. He noted that, if the falsification was "characteristic," and she had a long-standing, sociopathic personality, then Respondent was not fit to hold any job. However, if the falsification resulted from a one-time, transitory breakdown, with delusional, sociopathic behavior, possibly alcohol-induced, Respondent may be fit to practice without monitoring. Dr. Wendel felt that Respondent's history was important in that she had held a job for 22 years. He pointed out that it seemed unlikely she could have held a job for that long if falsification was characteristic behavior. Based on Respondent's falsifications, Dr. Wendel could not state that Respondent has an Axis I disorder. He noted that Respondent may have had a tendency not to tell the truth, but he was unwilling to state that she has a clinically diagnosable condition. He explained that, "just because someone lies does not mean they have an Axis I disorder." As he stated, "They may not have any ethical standards, but that is not the same thing."

27. Given the findings and testimony of Dr. Wendel, Complainant did not establish that Respondent is mentally ill. Dr. Wendel did not diagnose Respondent with any Axis I disorder, and found only that she had a history of alcohol dependence which was in remission.

28. Respondent testified that she has a very poor memory of the time frame at issue in this case because of her alcohol abuse. She admitted that she "probably" committed the violations alleged, but does not recall doing so. She believes that she and her son may have both engaged in the falsifications together. Regardless of whether she acted alone or in concert with her son, Respondent expressed remorse for her actions. Respondent admitted that she is an alcoholic. She has been clean and sober since March 31, 2002. She has continued to participate in an alcohol abuse maintenance program and has a sponsor.

30. Respondent stated she "will never take care of patients again," explaining that, at her age, her "skills are bad," and that "nursing has changed tremendously" since she graduated from nursing school in 1975.

31. Respondent currently works full time for an insurance company, reviewing and approving or disapproving medical claims for clients. She started with her current employer as a temporary employee in approximately October of 2004, and became a permanent employee in January of 2005. She needs a nursing license to perform her

current job.

### *Costs*

32(a). Complainant submitted as evidence of the costs of investigation of this matter a Certification of Costs of Investigation and Prosecution (Costs Certification), signed by Complainant, certifying that the Board had incurred \$9,264.50 in investigation and prosecution costs through October 24, 2006.<sup>4</sup>

32(b). The costs set forth in the Costs Certification included the following:

(1) Expert costs in fiscal year 2005/2006 for 8.00 hours at \$125 per hour (subtotal \$1,000);

(2) Division of Investigation costs in fiscal year 2001/2002 for 10 hours at \$127 per hour, in fiscal year 2002/2003 for 3.50 hours at \$128 per hour and in fiscal year 2003/2004 for 20.25 hours at \$144 per hour (subtotal \$4,640.50);

(3) Attorney General Legal Assistant Team costs in fiscal year 2004/2005 for 7.25 hours at \$91 per hour (\$659.75), in fiscal year 2005/2006 for .50 hours at \$92 per hour (\$46) and in fiscal year 2006/2007 for 4 hours at \$101 per hour (\$404) (subtotal \$1,109.75); and

(4) Attorney General costs in fiscal year 2004/2005 for 1.75 hours at \$139 per hour (\$243.25), in fiscal year 2005/2006 for 8.25 hours at \$146 per hour (\$1,204.50) and in fiscal year 2006/2007 for 6.75 hours at \$158 per hour (\$1,066.50) (subtotal \$2,514.25).

33. Complainant submitted as additional evidence of costs of investigation of this matter a Declaration of Investigative Costs, signed by Gary Vergara, Supervising Investigator with the Division of Investigation. According to the Vergara Declaration, the \$4,640.50 in investigative costs included five hours of travel, eight hours of report preparation and 20.75 hours of investigation, which included:

(1) Review and preparation of assignment upon receipt[;]

(2) Contacting and interviewing victim(s), witness(es) and the subject[;]

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<sup>4</sup> This Costs Certification was admitted as a certified copy of the actual costs incurred by the Board, signed by a designated representative of the Board. Pursuant to Business and Professions Code section 125.3, the Costs Certification was considered prima facie evidence of the reasonable costs of investigation and prosecution in this matter.

(3) Collecting, organizing, evaluating documentation and other physical evidence[;]

(4) Conferring with supervisor[; and]

(5) Preparing and serving subpoena(s).

34(a). Complainant submitted as additional evidence of the costs of prosecution of this matter the declaration of Deputy Attorney General (DAG) Kimberlee D. King, who was assigned the case on August 3, 2004. Attached to DAG King's Declaration were billing statements from the Department of Justice (DOJ), Office of the Attorney General, documenting the time billed for this case through August 31, 2007, and breaking down the billing by personnel and by time spent on types of tasks. The billing statements set forth the following amounts billed:

(1) For fiscal year 2004/2005, Legal Assistants Diane M. Murkidjanian and Consuelo M. Lira collectively billed 7.25 hours at \$91 per hour (subtotal \$659.75);

(2) For fiscal year 2005/2006, Legal Assistant Diane M. Murkidjanian billed .50 hours at \$92 per hour (subtotal \$46);

(3) For fiscal year 2006/2007, Legal Assistants Diane M. Murkidjanian and Consuelo M. Lira collectively billed 4 hours at \$101 per hour (subtotal \$404);

(4) For fiscal year 2007/2008, Legal Assistant Diane M. Murkidjanian billed .25 hours at \$101 per hour (subtotal \$25.25);

(5) For fiscal year 2004/2005, Supervising DAG Sharon F. Cohen and DAG Joseph N. Zimring collectively billed 1.75 hours at \$139 (subtotal \$243.25);

(6) For fiscal year 2005/2006, DAG Zimring billed 8.25 at \$146 per hour (subtotal \$1,204.50);

(7) For fiscal year 2006/2007, Supervising DAG Stephen S. Handin and DAG Zimring collectively billed 11 hours at \$158 per hour (subtotal \$1,738);

(8) For fiscal year 2007/2008, DAG King billed 29.75 hours at \$158 per hour (subtotal \$4,700.50);

(9) Total Costs incurred: \$9,021.25.

34(b). The DOJ billings for .25 Legal Assistant hours in fiscal year 2007/2008 (\$25.25), for DAG 29.75 DAG hours in fiscal year 2007/2008 (\$4,700.50), and for 4.25

DAG hours in fiscal year 2006/2007 (\$671.50) were not included in the Board's Costs Certification, since the Costs Certification predated those billings.

35. Pursuant to Government Code section 11425.50, subdivision (c), and California Code of Regulations, title 1, section 1042, subdivision (c), the Administrative Law Judge deemed all of the costs to be reasonable. Thus, Complainant shall be awarded a total cost recovery of \$14,661.75.

### LEGAL CONCLUSIONS

1. Cause does not exist to revoke or suspend Respondent's registered nurse license, pursuant to Business and Professions Code section 822, because Complainant did not establish that Respondent is mentally or physically ill, as set forth in Factual Findings 19 through 27.
2. Cause exists to revoke or suspend Respondent's registered nurse license, pursuant to Business and Professions Code section 2761, subdivision (a), for unprofessional conduct, as set forth in Factual Findings 3 through 18, and 28.
3. Pursuant to Business and Professions Code section 125.3, Complainant is entitled to recover reasonable costs of prosecution of this matter in the amount of \$14,661.75, as set forth in Factual Findings 32 through 35.
4. Respondent has a history of alcohol abuse, which has been under control for five years, since March of 2002. Despite her sobriety, she still made misrepresentations to Dr. Wendel in 2006 in her Board-ordered psychological evaluation. This lack of candor, together with her prior fraud, demonstrate Respondent's propensity to falsify information to her advantage. Such a characteristic bodes poorly for a successful Board-ordered probation, which requires honest cooperation by the probationer. However, Respondent did admit her wrongdoing at the administrative hearing. Furthermore, she has taken patient safety into account and has made a conscious decision to refrain from direct, hands-on patient care. As pointed out by Dr. Wendel, Respondent has a lengthy work history with only a two-year span of alcohol-induced problems. Additionally, Respondent has been employed in her current position for about three years without negative ramifications. Under all of the circumstances of this case, outright revocation would be overly harsh and punitive and is therefore unjustified. Consequently, as recommended by Dr. Wendel, a properly-conditioned probationary period, including monitoring and restrictions, is appropriate and should serve to adequately protect the public health, safety and welfare. (Factual Finding 24.)
5. Given Respondent's admission of deficient skills, as part of the probationary order, Respondent should be prohibited from direct, hands-on patient care until she has been notified by the Board that she is fit to safely perform those duties. (See the last paragraph of probationary condition 10, below.) While this condition precedent differs from the

model terms and conditions set out in the Board's disciplinary guidelines, it best addresses the circumstances of this case. Condition 10 of the probationary order should afford Respondent the opportunity to remedy any impediments to her practicing direct, hands-on patient care safely, and, at the same time, safeguard the public health, safety and welfare if Respondent decides to resume direct patient care. In addition, while Respondent testified that, because of her deficient skills and "know[ing] her limitations," she "will never take care of patients again," after fulfillment of her probationary period and terms, Respondent's license will be in no way restricted. Accordingly, respondent should be required to complete a comprehensive education course in order to ensure minimum competency to engage in the practice of nursing.

### ORDER

WHEREFORE, THE FOLLOWING ORDER is hereby made:

IT IS HEREBY ORDERED that Registered Nurse License Number RN 262370, issued to Respondent, is revoked. However, the revocation is stayed and Respondent is placed on probation for five years on the following conditions.

SEVERABILITY CLAUSE - Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(1) OBEY ALL LAWS - Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by Respondent to the Board in writing within 72 hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

CRIMINAL COURT ORDERS: If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

(2) COMPLY WITH THE BOARD'S PROBATION PROGRAM - Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of Respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, Respondent's license shall be fully restored.

(3) REPORT IN PERSON - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

(4) RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE - Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled if and when she resides outside of California. Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing license during the term of probation.

(5) SUBMIT WRITTEN REPORTS - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to Respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which she has a registered nurse license.

(6) FUNCTION AS A REGISTERED NURSE - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for six consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" includes volunteer work as a registered nurse and work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for six consecutive months or as determined by the Board.

If Respondent has not complied with this condition during the probationary term, and Respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of Respondent's probation period up to one year

without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

**(7) EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS -**

Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, Respondent shall notify the Board in writing within 72 hours after she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within 72 hours after she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

**(8) SUPERVISION -** Respondent shall obtain prior approval from the Board regarding Respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours Respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with Respondent at least twice during each shift worked.
- (d) Home Health Care - If Respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with Respondent as required by the Board each work day.

Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by Respondent, with or without Respondent being present.

(9) EMPLOYMENT LIMITATIONS - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict Respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If Respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

(10) COMPLETE A NURSING COURSE(S) - Respondent, at her own expense, shall enroll and successfully complete a refresher course or equivalent set of courses as approved by representatives of the Board relevant to the practice of registered nursing no later than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to Respondent after photocopying them for its records.

Respondent shall not engage in direct, hands-on patient care until Respondent has successfully completed the Board-approved course(s) and has been so notified by the Board or its designee in writing. This prohibition shall not bar Respondent from engaging in licensed activity that does not involve direct patient care.



(11) COST RECOVERY - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$14,661.75. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If Respondent has not complied with this condition during the probationary term, and Respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the Respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.

(12) VIOLATION OF PROBATION - If Respondent violates the conditions of her probation, the Board after giving Respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation) of Respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against Respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against Respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

(13) LICENSE SURRENDER - During Respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, Respondent may surrender her license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be subject to the conditions of probation.

Surrender of Respondent's license shall be considered a disciplinary action and shall become a part of Respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

(1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

(2) One year for a license surrendered for a mental or physical illness.

(14) PHYSICAL EXAMINATION - Within 45 days of the effective date of this

decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of Respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by Respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified Respondent that a medical determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to have the above assessment submitted to the Board within the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

**(15) PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR ALCOHOL DEPENDENCE** - Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board- approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If Respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week Respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step

meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

**(16) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS -**

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, Respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

**(17) SUBMIT TO TESTS AND SAMPLES -** Respondent, at her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. Respondent is responsible for keeping the Board informed of Respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and Respondent shall be considered in violation of probation.

In addition, Respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If Respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, Respondent shall immediately cease practice, including indirect patient care, and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

(18) MENTAL HEALTH EXAMINATION - The Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by Respondent.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified Respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to have the above assessment submitted to the Board within the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(19) THERAPY OR COUNSELING PROGRAM - Respondent, at her expense, shall participate in an on-going counseling program until such time as the Board releases her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

DATED: July 7, 2008.



LAFRANCINE TATE

President

Board of Registered Nursing

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of the State of California  
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4 Los Angeles, CA 90013  
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5 Facsimile: (213) 897-2804  
6 Attorneys for Complainant  
7

8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2006-108

12 SUSAN ADELE WILLIAMS  
924 Denver Place  
13 Oxnard, CA 93033

**A C C U S A T I O N**

14 Registered Nurse License No. 262370

15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation  
20 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,  
21 Department of Consumer Affairs.

22 2. On or about January 31, 1976, the Board of Registered Nursing issued  
23 Registered Nurse License No. 262370 to (Respondent) Susan Adele Steele, currently known as  
24 Susan Williams, also known as Susan Anderson and Susan Taylor. The Registered Nurse  
25 License was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on September 30, 2007, unless renewed.

27 ///

28 ///

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise stated.

4. Section 820 of the Business and Professions Code states:

“Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.”<sup>1/</sup>

5. A registered nurse license is a license issued under Division 2 and is subject to Section 820.

6. Section 822 states:

“If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.
- (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.”

7. Section 2750 provides that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

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1. All section references are to the Business and Professions Code unless otherwise indicated.

1                   8.       Section 2764 provides that the expiration of a license shall not deprive the  
2 Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a  
3 decision imposing discipline on the license.

4                   9.       Section 2761, subdivision (a), states that the board may take disciplinary  
5 action against a certified or licensed nurse for unprofessional conduct.

6                   10.      California Code of Regulations, title 16, section 1444 states, in pertinent  
7 part:

8                   “A conviction or act shall be considered to be substantially related to the  
9 qualifications, functions or duties of a registered nurse if to a substantial degree it  
10 evidences the present or potential unfitness of a registered nurse to practice in a  
manner consistent with the public health, safety, or welfare. Such convictions or  
acts shall include but not be limited to the following:

11                   ....

12                   (c) Theft, dishonesty, fraud, or deceit. . . .”

13                   11.      Section 125.3 provides that the Board may request the administrative law  
14 judge to direct a licensee found to have committed a violation or violations of the licensing act  
15 to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

16                   **FACTUAL BACKGROUND**

17                   12.      During a period of time including 2000 - 2001, Respondent was employed  
18 as a registered nurse at the Ventura Youth Correctional Facility (VYCF). In November 2000,  
19 Respondent was notified by VYCF that she had abused the facility’s sick leave policy and was  
20 placed on Sick Leave Abuse Status. Between approximately January to November 2000,  
21 Respondent took twenty-two sick days. On eleven occasions, the sick day was in conjunction  
22 with a regular day off. On ten occasions, the sick day was on a weekend. As a result,  
23 Respondent was required to present verification from a doctor any time she returned from sick  
24 leave.

25                   13.      Respondent presented notes to VYCF regarding her alleged medical  
26 conditions, purporting to be from doctors, which were fraudulent, forged or otherwise  
27 unverifiable. These notes included:

28                   ///



1 a. On or about April 30, 2001, Respondent submitted a fraudulent or  
2 forged note which purported to be from Ramsey Ulrich, M.D., from the West Ventura  
3 Medical Clinic. The note stated:

4 "Susan was seen today for follow-up. She may return to work without  
5 restrictions. We will be starting Chemotherapy in 2 weeks. Her Serum K  
is WNL and holding."

6 b. On or about May 24, 2001, Respondent submitted a fraudulent or  
7 forged note which purported to be from Michelle Cunneen, M.D., from the West Ventura  
8 Medical Clinic. The note stated:

9 "Ms. Williams-Taylor may return to work today without any restrictions.  
10 Her lungs are basically clear with only a slight wheeze and all labwork is  
11 WNL. Her chemotherapy was done on Tuesday of this week without any  
side effects."

12 c. On or about June 11, 2001, Respondent submitted a fraudulent or  
13 forged note which purported to be from Ramsey Ulrich, M.D., from the West Ventura  
14 Medical Clinic. The note stated:

15 "Susan was seen today in regarding [sic] to admission on 5/28 and  
16 discharge on 5/31. On admission she present [sic] classic signs and  
17 symptoms of a tension pneumothorax, [sic] A chest tube was inserted and  
the problem resolved.

18 I have her on numerous medications and 4 inhalers. I have decided to hold  
19 her chemotherapy for awhile to let her body regrooup [sic] and get  
stronger. Her breath sound [sic] are clear and there is no wheezing. As far  
as I am concerned she may return to work with no restriction on 6-12-01."

20 d. In fact, Respondent had not been treated at the West Ventura  
21 Medical Clinic since February 2001.

22 14. On or about October 1, 2001, Respondent falsely claimed her father died  
23 and requested bereavement leave. On or about October 4, 2001, Respondent falsely claimed her  
24 mother died and requested bereavement leave. On or about October 19, 2001, Respondent  
25 presented a fraudulent or forged letter which purported to be from John Vacca, an attorney,  
26 which stated:

27 "I am writing this letter to verify the death of Leo A. Smith on September 30,  
28 2001 and Roberta Smith on October 4, 2001. I handled the reading of the wills to  
Susan A. Taylor and Kathy Krzysiak. Susan is the executor for both parents.

1 The Smiths had very specific ideas on how their burials would be handled and  
2 made their wishes known in the wills."

3 15. On or about July 16, 2001, Murielle Paulette O'Brien, RN and Susan Clay,  
4 M.D., Respondent's supervisor and manager, filed a complaint with the Board which stated they  
5 had "concerns regarding ethical, mental & physical abilities, based on the following:

- 6 "1. Alleging non-existent medical problems, including Hypokalemia,  
7 Hepatic Carcinoma, Chemotherapy and Tension Pneumothorax.
- 8 2. Physical appearance deteriorating over a period of five months,  
9 with weight loss, gait disturbance and tremors.
- 10 3. Requesting work-schedule accommodation based on factitious  
11 [sic] medical diagnosis.
- 12 4. Considerable job performance deterioration.
- 13 5. Six documented factitious [sic] physician's Return to Work  
14 statements.
- 15 6. Two attempts at Employee Assistance Program rejected."

16 16. On February 7, 2002, Respondent resigned from VYCF. VYCF  
17 considered the resignation to be "under unfavorable circumstances" due to its pending internal  
18 investigation that Respondent was dishonest and falsified documents.

19 17. Respondent failed to respond to multiple requests for an interview by the  
20 Division of Investigation's investigator. Respondent ultimately refused to meet with the  
21 investigator.

22 18. On January 4, 2006, the Board issued a Petition for an Order to Compel  
23 Physical and Psychiatric Examination. In April 2006, Respondent submitted to a psychological  
24 evaluation by Isadore Wendel, Ph.D. During the examination, Respondent admitted to a history  
25 of alcohol dependence. She also stated that she should not work in a hospital setting unless she  
26 receives further training to update her skills. Among Dr. Wendel's conclusions:

27 "...since maintaining sobriety is the key to Ms. Williams' ability to function well  
28 professionally, continued participation in [Alcoholics Anonymous] should be  
insisted upon. Documentation of such participation might be appropriate.  
Drug/Alcohol testing should be considered, particularly if Ms. Williams is to  
work directly with patients. If she is to work with patients, evidence of  
appropriate, current skill levels should be insisted upon. Additionally, if she is to  
work with patients, a period of monitoring/mentoring could be appropriate as a

1 cautionary measure. However, she will likely perform well at this point in any  
2 position for which she is adequately prepared, as long as she remains sober.”

3 FIRST CAUSE FOR DISCIPLINE

4 (Mental or Physical Illness)

5 19. Respondent’s license is subject to disciplinary action pursuant to Section  
6 822, in that Respondent’s ability to practice her profession safely is impaired because  
7 Respondent is mentally ill or physically ill, for the reasons stated in Paragraphs 12 - 18.

8 SECOND CAUSE FOR DISCIPLINE

9 (Unprofessional Conduct)

10 20. Respondent’s license is subject to disciplinary action pursuant to Section  
11 2761, subdivision (a) and California Code of Regulations, title 16, section 1444, subdivision (c),  
12 in that she committed acts of unprofessional conduct, for the reasons stated in  
13 Paragraphs 12 - 17.

14 \* \* \*

1 PRAYER

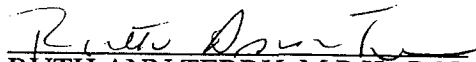
2 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
3 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

4 1. Revoking, suspending or placing on probation, Registered Nurse License  
5 No. 262370, issued to Respondent Susan Adele Williams.

6 2. Ordering Respondent Susan Adele Williams to pay the Board of  
7 Registered Nursing the reasonable costs of the investigation and enforcement of this case,  
8 pursuant to Business and Professions Code section 125.3;

9 3. Taking such other and further action as deemed necessary and proper.

10  
11 DATED: 8/31/06  
12

13  
14   
15 RUTH ANN TERRY, M.P.H., R.N.  
16 Executive Officer  
17 Board of Registered Nursing  
18 Department of Consumer Affairs  
19 State of California

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24  
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27 Complainant  
28